## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:   | 10/2/2010                              | Address:   | C.R. 130 E. 1/4 mile N.  |
|---|--|--|--|
| Case #:   | <u>96F06128</u>                        |  | of C.R. 600 S.   |
| County:   | Parko                                  |  | Bridgeton, IN  |
| Type of Laboratory Seizure (check one)  |  | Seizure Location (check all that apply)  |  |
| <ul> <li>☐ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>                                     |  | Residence Outbuilding Vehicle  | <ul><li>☐ Hotel/Motel</li><li>☑ Open – No Structure</li><li>☐ Other;</li></ul> |
| ltems Fou   | nd: Location (bedroom, kitchen, open a | ir, etc)   |  |
| (check all that apply)  Lithium/Ammonia Reaction(s):  |  |  |  |
| Red Phosphorous/Iodine Reaction(s):   |  |  |  |
| ☐ Flammable Solvents:   |  |  |  |
| ☐ Water Reactive Metal (Lithium):   |  |  |  |
| Anhydrous Ammonia:  |  |  |  |
| Hydrochloric Acid Gas Generator(s):   |  |  |  |
| Corrosive Acid: Open  |  |  |  |
| Corrosive Base:   |  |  |  |
| Other (item and location):  |  |  |  |
|   |  |  |  |
| Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services                               |  | Investigative Information Dephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: |  |
| This report is to be faxed to the following agencies that serve the location:   |  |  |  |
| Fire Department: <u>Bridgeton Fire</u> Health Department: <u>Parke Health Dept.</u>   |  | Fax: <u>None</u><br>Fax: <u>None</u><br>Fax: None  |  |
|   |  |  |  |
| Child Prote   | ection Service: Parke CPS              |  |  |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J. Kempf/ 7922</u> Phone <u>(765) 653-4114</u> |  |  |  |

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.